

CHAPTER 6
SECTION 1.1

GENERAL

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I. CPT¹ PROCEDURE CODE RANGES

80048 - 87620, 87650 - 87999, 88104 - 89325, 89330 - 89399

A. Pathology is the medical science and specialty practice that deals with all aspects of disease, but with special reference to the essential nature, the causes, and development of abnormal conditions, as well as the structural and functional changes that result from disease processes.

B. The surgical pathology services include accession, examination, and reporting for a specimen which is defined as tissue that is submitted for individual and separate attention, requiring individual examination and pathologic diagnosis. These codes require gross and microscopic examination.

II. POLICY

A. Pathology and laboratory services are covered except as indicated.

B. Surgical pathology procedures, billed by a pathologist, are covered services.

C. If the operating surgeon bills for surgical pathology procedures, they will be denied as incidental, since the definitive (microscopic) examination will be performed later, after fixation of the specimen, by the pathologist who will bill separately.

D. Dermatologists are qualified to perform surgical pathology services. Therefore, if a dermatologist bills for both the surgical procedure (e.g. CPT¹ procedure code 11100, skin biopsy) as well as the surgical pathology, both procedures are covered in full.

E. For Transfusion Services refer to [Chapter 6, Section 2.1](#).

III. EXCLUSIONS

A. Autopsy and postmortem (CPT¹ procedure codes 88000-88099).

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B. Sperm penetration assay (hamster oocyte penetration test or the zona-free hamster egg test) is unproven (CPT² procedure code 89329).

C. In-vitro chemoresistance and chemosensitivity assays (stem cell assay, differential staining cytotoxicity assay and thymidine incorporation assay) are unproven.

D. Hair analysis to identify mineral deficiencies from the chemical composition of hair is unproven. Hair analysis testing (CPT² 96902) may be reimbursed when necessary to determine lead poisoning.

E. Human papillomavirus testing (CPT² 87620-87622) in the management of cervical neoplasia is unproven.

- END -

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